

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

FILED OCT 1-6-1952

State File No. ....

35360

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>4240</u>		Registrar's No. <u>170</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived) If institution: residence before admission. a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>			
b. CITY OR TOWN <u>Blue Springs</u>		c. LENGTH OF STAY (in this place) <u>20 yrs</u>		c. CITY OR TOWN <u>Blue Springs</u>		d. STREET ADDRESS (If rural, give location) <u>0480</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>		b. (Middle) <u>G</u>		c. (Last) <u>Lawson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept-27-1952</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Mar-29-1865</u>	
9. AGE (In years last birthday) <u>87</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Wayne Co Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joseph Lawson</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. John Lawson</u> ADDRESS <u>Blue Springs Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial sclerotic vas. disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>10 yrs</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>46</u> , to <u>Sept 27</u> , 19 <u>52</u> ; that I last saw the deceased alive on <u>9-23</u> , 19 <u>52</u> , and that death occurred at <u>9:45</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Merrill R. Bay</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Blue Springs Mo</u>		23c. DATE SIGNED <u>9-28-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept-29-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stanley Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Blue Springs Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-28-52</u>		REGISTRAR'S SIGNATURE <u>Donald C. Samschaw</u>		25. FUNERAL/DIRECTOR'S SIGNATURE <u>Walt Funeral Home</u> ADDRESS <u>Blue Springs Mo</u>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*R B Webb*

Signed.....

Student Embalmer

Licensed Embalmer No. *2353*

P. O. Address

*Blue Springs Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.